ENTRY BLANK				
PLEASE TYPE	OR PRINT	Entered previou	us May Show	
		💢 yes	1 ro	
Ms. Mr. Artist	TOMAS 5	GOLYA		
10		(L	_ast Name Last	
Permanent Address RY	DER RD.	FORCE	stuille	
	eet	W.Y	City	
14062	Tel. (716)	965-48	27	
Zip	Area Code			
Temporary or Studio Address_				
	Street		City	
	Tel. ()		ē	
Zip	Area Code			
If you do not presently live in one of the counties of the				
Western Reserve, which county were you born in? SUMMIT				
Collaborator	(If Any)			
If May Show entries are not accepted or not sold:				
Artist will pick up at Museum. Museum should dispose of.				
☐ Museum should ship to artist C.O.D. at this address:				
	Fay	Gal	11.	
Special Instruction			1	
When necessary include below instructions or a drawing of				
how the object is to be assembled and displayed.				
This	mount be fully	and out and size	and Unsigner	
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.				

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 7, 1981.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

1981 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

THOMAS J. GOLYA	
Name	
RYDER ROAD	
Address	
topestirlle, U. U.	14062
City & State	Zip

DETAIL				
NOTIFICATION #2		DO NOT DETACH		
☐ 1. Paintings ☐ 2. Gr		*		
Title STANDARD FORA METAPHYSICAL				
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED		
2 ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts				
DISC#3 FROM NATURE VISION Series				
DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED		

This is your only receipt to claim your object(s).

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.